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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new non-provisional applications under 37 C.F.R. § 1.53(B))

|                                          |                                                                            |
|------------------------------------------|----------------------------------------------------------------------------|
| Attorney Docket No.                      | S01.12-1011                                                                |
| First Inventor or Application Identifier | Michael W. Pfeiffer                                                        |
| Title                                    | BALANCING SYSTEM WITH ADJUSTABLE ECCENTRIC RINGS FOR A DISC DRIVE ASSEMBLY |
| Express Mail Label No.                   | EV241979123US                                                              |

## APPLICATION ELEMENTS

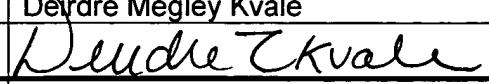
See MPEP chapter 600 concerning utility patent application contents.

|             |                                                                                                        |
|-------------|--------------------------------------------------------------------------------------------------------|
| Address To: | Mail Stop Patent Application<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 |
|-------------|--------------------------------------------------------------------------------------------------------|

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. <input checked="" type="checkbox"/> *Fee Transmittal Form e.g., PTO/SB17)<br>(Submit an original and a duplicate for fee processing)                                                                                                                                                                                                                                                                                                                                                                                                                | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer program (Appendix)                                                                                                                                                                                                 |
| 2. <input type="checkbox"/> Applicant Claims small entity status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission<br>(If applicable, all necessary)                                                                                                                                                                                      |
| 3. <input checked="" type="checkbox"/> Specification [Total Sheets <span style="border: 1px solid black; padding: 2px;">23</span> ]<br>(preferred arrangement set forth below<br>- Descriptive title of the Invention)<br>- Cross References to Related Applications<br>- Statement Regarding Fed sponsored R & D<br>- Reference to Microfiche Appendix<br>- Background of the Invention<br>- Brief Summary of the Invention<br>- Brief Description of the Drawings (if filed)<br>- Detailed Description<br>- Claim(s)<br>- Abstract of the Disclosure | a. <input type="checkbox"/> Computer Readable Copy<br>b. <input type="checkbox"/> Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 Copies); or<br>ii. <input type="checkbox"/> Paper<br>c. <input type="checkbox"/> Statement verifying identity of above copies |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. § 113) [Total Sheets <span style="border: 1px solid black; padding: 2px;">14</span> ]                                                                                                                                                                                                                                                                                                                                                                                                     | 9. <input checked="" type="checkbox"/> Copy of Assignment Papers (cover sheet & document(s))                                                                                                                                                                                                        |
| 5. <input type="checkbox"/> Oath or Declaration [Total Sheets <span style="border: 1px solid black; padding: 2px;">4</span> ]<br>a. <input type="checkbox"/> Newly executed (original or copy)<br>b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d))<br>(for continuation/divisional with Box 18 completed)<br>i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u><br>Signed statement attached deleting<br>inventor(s) named in the prior application,<br>see 37 C.F.R. §§1.63(d)(2) and 1.33(b).      | 10. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of<br>(when there is an assignee) Attorney                                                                                                                                                                |
| 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 11. <input type="checkbox"/> English Translation Document (if applicable)                                                                                                                                                                                                                           |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:<br><input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation -in part (CIP)<br>Prior application information: Examiner <u>Robert S. Tupper</u> of prior application No: <u>09/721,505</u><br>Group/Art Unit: <u>26522652</u>                                                                    | 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO - 1449 <input type="checkbox"/> Copies of IDS Citations                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 13. <input type="checkbox"/> Preliminary Amendment                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>(Should be specifically itemized)                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br>(if foreign priority is claimed)                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 16. <input type="checkbox"/> Nonpublication Request Under 35 USC 122<br>(b)(2)(B)(i). Applicant must attach form PTO/SB/35<br>or its equivalent                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 17. <input checked="" type="checkbox"/> Other: <u>Check in the amount of \$770.00</u>                                                                                                                                                                                                               |

## 17. CORRESPONDENCE

|                                                            |                                                              |           |                                                       |
|------------------------------------------------------------|--------------------------------------------------------------|-----------|-------------------------------------------------------|
| <input type="checkbox"/> Customer Number or Bar Code Label | (Insert Customer No. or Attach bar code label here)          |           | <input type="checkbox"/> Correspondence address below |
| Name                                                       | Deirdre Megley Kvale<br>WESTMAN CHAMPLIN & KELLY             |           |                                                       |
| Address                                                    | Suite 1600 – International Centre<br>900 South Second Avenue |           |                                                       |
| City                                                       | Minneapolis                                                  | State     | MN                                                    |
| Country                                                    | USA                                                          | Telephone | (612) 334-3222                                        |
| Zip Code                                                   |                                                              |           | 55402-3319                                            |
| Fax                                                        |                                                              |           | (612) 334-3312                                        |

|                   |                                                                                     |                                   |         |
|-------------------|-------------------------------------------------------------------------------------|-----------------------------------|---------|
| Name (Print/type) | Deirdre Megley Kvale                                                                | Registration No. (Attorney/Agent) | 35,612  |
| Signature         |  |                                   | Date    |
|                   |                                                                                     |                                   | 12/4/03 |

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# FEE TRANSMITTAL

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|                                                                                                                                                                                                                                                                                     |                             |                 |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          | Application No.                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
|                                                                                                                                                                                                                                                                                     |                             |                 |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          | Filing Date                                             |  | HEREWITH                                                                   |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
|                                                                                                                                                                                                                                                                                     |                             |                 |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          | First Named Inventor                                    |  | Michael W. Pfeiffer                                                        |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
|                                                                                                                                                                                                                                                                                     |                             |                 |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          | Title                                                   |  | BALANCING SYSTEM WITH ADJUSTABLE ECCENTRIC RINGS FOR A DISC DRIVE ASSEMBLY |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
|                                                                                                                                                                                                                                                                                     |                             |                 |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          | Group Art Unit                                          |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
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| Total Amount of Payment \$ 770                                                                                                                                                                                                                                                      |                             |                 |       | Atty. Docket Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          | S01.12-1011                                             |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| METHOD OF PAYMENT (Check One)                                                                                                                                                                                                                                                       |                             |                 |       | FEE CALCULATION (Continued)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| 1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fee required under 37 C.F.R. § 1.16 and 1.17, including any petition fee, and credit any over payments to Deposit Account No. <u>23-1123</u> .<br>Westman, Champlin & Kelly, P.A. |                             |                 |       | 3. ADDITIONAL FEES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| 2. <input checked="" type="checkbox"/> Check Enclosed                                                                                                                                                                                                                               |                             |                 |       | <table border="1"> <thead> <tr> <th>Large Entity<br/>Fee<br/>Code</th> <th>Small Entity<br/>Fee<br/>Code</th> <th colspan="2">Fee Description</th> <th>Fee<br/>Paid</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - Late filing fee or oath</td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - Late provisional Filing Fee or cover sheet</td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For Filing a Request for Reexamination. (ex parte)</td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within first month</td> </tr> <tr> <td>1252</td> <td>420</td> <td>2252</td> <td>210</td> <td>Extension for reply within second month</td> </tr> <tr> <td>1253</td> <td>950</td> <td>2253</td> <td>475</td> <td>Extension for reply within third month</td> </tr> <tr> <td>1254</td> <td>1,480</td> <td>2254</td> <td>740</td> <td>Extension for reply within fourth month</td> </tr> <tr> <td>1255</td> <td>2,010</td> <td>2255</td> <td>1,005</td> <td>Extension for reply within fifth month</td> </tr> <tr> <td>1402</td> <td>330</td> <td>2402</td> <td>165</td> <td>Filing a brief in support of an appeal</td> </tr> <tr> <td>1403</td> <td>290</td> <td>2403</td> <td>145</td> <td>Request for oral hearing</td> </tr> <tr> <td>1814</td> <td>110</td> <td>2814</td> <td>55</td> <td>Terminal Disclaimer Fee</td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to Revive - unavoidable</td> </tr> <tr> <td>1453</td> <td>1,330</td> <td>2453</td> <td>665</td> <td>Petition to Revive - unintentional</td> </tr> <tr> <td>1501</td> <td>1,330</td> <td>2501</td> <td>665</td> <td>Utility/Reissue issue fee (inc. advance copies)</td> </tr> <tr> <td>1502</td> <td>480</td> <td>2502</td> <td>240</td> <td>Design issue fee (inc. advance copies)</td> </tr> <tr> <td>1460</td> <td>130</td> <td>1460</td> <td>130</td> <td>Petitions to the Commissioner</td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td>Petitions related to provisional applications</td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Statement</td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> </tr> <tr> <td colspan="4">Other Fee (specify) _____</td> <td colspan="4"></td> </tr> <tr> <td colspan="4">Subtotal (2) \$ 0</td> <td colspan="4">Subtotal (3) \$</td> </tr> </tbody> </table> |          |                                                         |  | Large Entity<br>Fee<br>Code                                                | Small Entity<br>Fee<br>Code | Fee Description |  | Fee<br>Paid | 1051 | 130 | 2051 | 65 | Surcharge - Late filing fee or oath | 1052 | 50 | 2052 | 25 | Surcharge - Late provisional Filing Fee or cover sheet | 1053 | 130 | 1053 | 130 | Non-English specification | 1812 | 2,520 | 1812 | 2,520 | For Filing a Request for Reexamination. (ex parte) | 1251 | 110 | 2251 | 55 | Extension for reply within first month | 1252 | 420 | 2252 | 210 | Extension for reply within second month | 1253 | 950 | 2253 | 475 | Extension for reply within third month | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal | 1403 | 290 | 2403 | 145 | Request for oral hearing | 1814 | 110 | 2814 | 55 | Terminal Disclaimer Fee | 1452 | 110 | 2452 | 55 | Petition to Revive - unavoidable | 1453 | 1,330 | 2453 | 665 | Petition to Revive - unintentional | 1501 | 1,330 | 2501 | 665 | Utility/Reissue issue fee (inc. advance copies) | 1502 | 480 | 2502 | 240 | Design issue fee (inc. advance copies) | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner | 1807 | 50 | 1807 | 50 | Petitions related to provisional applications | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Statement | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | Other Fee (specify) _____ |  |  |  |  |  |  |  | Subtotal (2) \$ 0 |  |  |  | Subtotal (3) \$ |  |  |  |
| Large Entity<br>Fee<br>Code                                                                                                                                                                                                                                                         | Small Entity<br>Fee<br>Code | Fee Description |       | Fee<br>Paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| 1051                                                                                                                                                                                                                                                                                | 130                         | 2051            | 65    | Surcharge - Late filing fee or oath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |                                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| 1052                                                                                                                                                                                                                                                                                | 50                          | 2052            | 25    | Surcharge - Late provisional Filing Fee or cover sheet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |                                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| 1053                                                                                                                                                                                                                                                                                | 130                         | 1053            | 130   | Non-English specification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |                                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| 1812                                                                                                                                                                                                                                                                                | 2,520                       | 1812            | 2,520 | For Filing a Request for Reexamination. (ex parte)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| 1251                                                                                                                                                                                                                                                                                | 110                         | 2251            | 55    | Extension for reply within first month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |                                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| 1252                                                                                                                                                                                                                                                                                | 420                         | 2252            | 210   | Extension for reply within second month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| 1253                                                                                                                                                                                                                                                                                | 950                         | 2253            | 475   | Extension for reply within third month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |                                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| 1254                                                                                                                                                                                                                                                                                | 1,480                       | 2254            | 740   | Extension for reply within fourth month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| 1255                                                                                                                                                                                                                                                                                | 2,010                       | 2255            | 1,005 | Extension for reply within fifth month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |                                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| 1402                                                                                                                                                                                                                                                                                | 330                         | 2402            | 165   | Filing a brief in support of an appeal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |                                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| 1403                                                                                                                                                                                                                                                                                | 290                         | 2403            | 145   | Request for oral hearing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |                                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| 1814                                                                                                                                                                                                                                                                                | 110                         | 2814            | 55    | Terminal Disclaimer Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| 1452                                                                                                                                                                                                                                                                                | 110                         | 2452            | 55    | Petition to Revive - unavoidable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |                                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| 1453                                                                                                                                                                                                                                                                                | 1,330                       | 2453            | 665   | Petition to Revive - unintentional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| 1501                                                                                                                                                                                                                                                                                | 1,330                       | 2501            | 665   | Utility/Reissue issue fee (inc. advance copies)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| 1502                                                                                                                                                                                                                                                                                | 480                         | 2502            | 240   | Design issue fee (inc. advance copies)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |                                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| 1460                                                                                                                                                                                                                                                                                | 130                         | 1460            | 130   | Petitions to the Commissioner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |                                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| 1807                                                                                                                                                                                                                                                                                | 50                          | 1807            | 50    | Petitions related to provisional applications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |                                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| 1806                                                                                                                                                                                                                                                                                | 180                         | 1806            | 180   | Submission of Information Disclosure Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |                                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| 8021                                                                                                                                                                                                                                                                                | 40                          | 8021            | 40    | Recording each patent assignment per property (times number of properties)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| Other Fee (specify) _____                                                                                                                                                                                                                                                           |                             |                 |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| Subtotal (2) \$ 0                                                                                                                                                                                                                                                                   |                             |                 |       | Subtotal (3) \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| Large Entity<br>Fee<br><u>Code</u>                                                                                                                                                                                                                                                  |                             |                 |       | Small Entity<br>Fee<br><u>Code</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| 1001 770 2001 385                                                                                                                                                                                                                                                                   |                             |                 |       | <input checked="" type="checkbox"/> Utility Filing Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |                                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| 1002 340 2002 170                                                                                                                                                                                                                                                                   |                             |                 |       | <input type="checkbox"/> Design Filing Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| 1004 770 2004 385                                                                                                                                                                                                                                                                   |                             |                 |       | <input type="checkbox"/> Reissue Filing Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |                                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| 1005 160 2005 80                                                                                                                                                                                                                                                                    |                             |                 |       | <input type="checkbox"/> Prov. Filing Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |                                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| Subtotal (1) \$ 770                                                                                                                                                                                                                                                                 |                             |                 |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| 2. EXTRA CLAIM FEES                                                                                                                                                                                                                                                                 |                             |                 |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| Number<br>Claims                                                                                                                                                                                                                                                                    |                             | Prior**         | Extra | Fee from<br>Below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Fee Paid |                                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| Total                                                                                                                                                                                                                                                                               | 14                          | 20              | 0     | 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0        |                                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| Indep.                                                                                                                                                                                                                                                                              | 2                           | 3               | 0     | 86                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0        |                                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| Multiple Dependent Claims                                                                                                                                                                                                                                                           |                             |                 |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| ** Insert 3 and 20, or number previously paid if greater; Reissue see below                                                                                                                                                                                                         |                             |                 |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| Large Entity<br>Fee<br><u>Code</u>                                                                                                                                                                                                                                                  |                             |                 |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          | Small Entity<br>Fee<br><u>Code</u>                      |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| 1202 18 2202 9                                                                                                                                                                                                                                                                      |                             |                 |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          | Claims in excess of 20                                  |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| 1201 86 2201 43                                                                                                                                                                                                                                                                     |                             |                 |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          | Independent claims in excess of 3                       |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| 1203 290 2203 145                                                                                                                                                                                                                                                                   |                             |                 |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          | Multiple Dependent Claims                               |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| 1204 86 2204 43                                                                                                                                                                                                                                                                     |                             |                 |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          | Reissue Independent Claims over Original Patent         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| 1205 18 2205 9                                                                                                                                                                                                                                                                      |                             |                 |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          | Reissue claims in excess of 20 and over original patent |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
|                                                                                                                                                                                                                                                                                     |                             |                 |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          | Subtotal (2) \$ 0                                       |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
|                                                                                                                                                                                                                                                                                     |                             |                 |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          | Subtotal (3) \$                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| Signature <u>Deirdre Z Kvale</u><br>(Deirdre Megley Kvale )                                                                                                                                                                                                                         |                             |                 |       | Reg. No. <u>35,612</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |                                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |
| Date <u>December 4, 2003</u>                                                                                                                                                                                                                                                        |                             |                 |       | Deposit Account No. <u>23-1123</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                                                         |  |                                                                            |                             |                 |  |             |      |     |      |    |                                     |      |    |      |    |                                                        |      |     |      |     |                           |      |       |      |       |                                                    |      |     |      |    |                                        |      |     |      |     |                                         |      |     |      |     |                                        |      |       |      |     |                                         |      |       |      |       |                                        |      |     |      |     |                                        |      |     |      |     |                          |      |     |      |    |                         |      |     |      |    |                                  |      |       |      |     |                                    |      |       |      |     |                                                 |      |     |      |     |                                        |      |     |      |     |                               |      |    |      |    |                                               |      |     |      |     |                                                |      |    |      |    |                                                                            |                           |  |  |  |  |  |  |  |                   |  |  |  |                 |  |  |  |